

Training and Technical Assistance: What Supports Staff Development and Program Improvement?

Chair: JoAn Knight Herren

Discussant: Martha Staker

Presenters: Linda Rosenberg, Linda Brekken, Donna M. Bryant

Knight Herren: Staff training and technical assistance to improve program performance is a critical component of the Head Start system. Specialized training and technical assistance (T/TA) initiatives have also been created to improve the capacities of Early Head Start and Head Start staff and parents to support children with disabilities. The papers in this symposium describe results from federal and local initiatives to provide training and technical assistance to improve program performance and outcomes for children.

- **Head Start's Regionally-Based Technical Assistance Model: Implementation Lessons Learned From the National Quality Assurance Study**

Linda Rosenberg, Michelle K. Derr, Kimberly Boller, Kristin Hallgren, Laura Hawkinson, Krisztina Marton, Mina Dadgar

In 2003, the Office of Head Start implemented a new regional system to deliver technical assistance to Head Start and Early Head Start (EHS) grantees. Findings from this study indicate that the regional TA system has mostly been implemented as envisioned by the Office of Head Start and the regional offices. In the first year, grantees had completed data-based T/TA plans. In addition, the TA staff provided individualized technical assistance to grantees, in particular to grantees with deficiencies, grantees new to Head Start, and grantees with new directors. However, some challenges remained. First, while the T/TA plans mostly followed regional guidelines, about 14% of plans did not provide content that would be useful to guide T/TA services throughout the program year. Second, many grantees in the study were high-functioning and their directors did not expect to have use for the regional TA provider system. Third, the regional TA system depends on relationships. While relationships appear to have improved over the early years of the system, this is an area that requires constant attention to ensure that the regional TA system is working to meet the needs of grantees.

- **Impact of Training on Inclusion of Infants and Toddlers With Disabilities and Their Families**

Linda Brekken, Rob Corso

The purpose of this paper is to describe a training model that supports improved outcomes for inclusive services for infants and toddlers with disabilities and their families. The training techniques used--experiential learning, team-based training, follow-up over time, clearly stated outcomes, ongoing needs assessments, and administrative buy-in--have been shown to facilitate transfer to practice. The training program model includes four major components: (a) intensive, state-of-the-art professional development training experiences delivered annually for four years; (b) on-site follow-up visits provided by individuals known as Learning Coaches; (c) development of interactive training materials for use in expanding the learning experiences of

EHS/Migrant and Seasonal Head Start, child care, early intervention staff and families; and (d) a continuous improvement process that drives all aspects of the training activities (Knapp-Philo, Corso, Brekken, & Heal, 2004). Data showed that teams who participated in the training increased the number of infants and toddlers with disabilities served in EHS, supported families as informed decision makers, enhanced collaboration and increased services to families, as well as provided training throughout their communities (Corso, Bernheimer, Pickard, & Brekken, 2005).

References

- Corso, R. M., Bernheimer, C., Pickard, E., & Brekken, L. (2005) 2005 Internal Evaluation Report, Hilton/Early Head Start Training Program, Sonoma State University, Rohnert Park, California.
- Knapp-Philo, J., Corso, R. M., Brekken, L., & Heal, H. (2004). Training strategies for the 21st century. *Infants and Young Children*, 17(2), 171-183.

• The Consultants' and Agencies' Roles in an Early Care and Education Quality Enhancement Intervention

Donna M. Bryant, Pat Wesley

The data for this presentation are from the Quality Interventions for Early Care and Education (QUINCE Study), which is evaluating an assessment based, individualized on-site consultation model of child care provider training. The Partnerships for Inclusion (PFI) model has been shown to enhance quality when delivered by highly trained university-based consultants (Wesley, 1994) and also when delivered by community-based child care consultants who were trained by the PFI team (Palsha & Wesley, 1998). Based on best practice principles of professional development, the PFI approach includes six key components: (a) delivery of services on-site; (b) a global focus on the program, with particular attention to any special needs of children in the program; (c) collaborative assessment of need by consultant and provider at the onset of consultation; (d) the collaborative development of a written technical assistance plan based on the collaborative assessment; (e) provision of supportive and empowering skills during implementation; and (f) evaluation of effectiveness of the technical assistance.

References

- Palsha, S. A., & Wesley, P. W. (1998). Improving quality in early childhood environments through on-site consultation. *Topics in Early Childhood Special Education*, 18(4), 243-253.
- Wesley, P. W. (1994). Providing on-site consultation to promote quality in integrated child care programs. *Journal of Early Intervention*, 18(4), 391-402.

Staker: As a Director of an Early Head Start Program, a graduate of Special Quest, and a director of multiple professional development grants, I will conclude with some overarching thoughts. First, T/TA must always be delivered within the theory of change framework so that staff understand why they are receiving the training and their role as a change agent. Second, trainings should offer efficiencies and make staff's job easier, not just another add-on. Third, we must be thoughtful not to dilute our program model with enhancements. Fourth, training must be intensive, evidenced-based, and offered over time by credible and respected professionals. Fifth,

an approach that supports individualized program needs works best. Finally, supervisors must require accountability and assure quality.